

**Best Available Copy**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>091722889</i>	FILING DATE <i>11-27-00</i>		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	1					51			
2	1					52			
3	1					53			
4	1					54			
5	1					55			
6	1					56			
7	1					57			
8	1					58			
9	1					59			
10	1					60			
11	1					61			
12	1					62			
13	1					63			
14	1					64			
15	1					65			
16	1					66			
17	1					67			
18	1					68			
19	1					69			
(20)	1					70			
21	1					71			
22	1					72			
23	1					73			
24	1					74			
25	1					75			
(26)	1					76			
27	1					77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL ID.	3					TOTAL IND.			
TOTAL EP.	24					TOTAL DEP.			
TOTAL CLAIMS	27					TOTAL			